

USEPA START REGION 6 - HEALTH AND SAFETY PLAN SPCC/FRP INSPECTION

BACKGROUND AND CONTRACT INFORMATION	
Prepared by Mike Clonts Project Identification Contract No EP W-06-042 TDD 06 04 10-0006 Site Name Transmontaigne Terminaling Rogers Terminal Site Address 2801 West Hudson Rogers AR 72756 Site Contact Kevin Sears Phone Number 501 631 8098 Site Name Magellan Pipeline Co Ft Smith Terminal Site Address 8101 Highway 71 South Ft Smith AR 72903 Site Contact Doug Hammer Phone Number 405 670 2817 Site Name Kansas City Southern RR Heavener Facility Site Address 403 West First Street Heavener OK 74937 Site Contact Bob Powell Phone Number 918 653 1504 EPA OSC Don Smith Phone Number (214)665 6489	W O No 20406 012 004 0025 01 Date of Inspection 8/24 8/25/2009 Site History/Current Information (describe briefly) Targeted FRP and SPCC compliance inspections
Scope of Work (describe briefly attach site/area map) FRP & SPCC inspections utilizing inspection checklists	
Directions to Site See attached hospital maps Location <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Urban/Residential <input checked="" type="checkbox"/> Rural <input type="checkbox"/> Government Facility	
Inspection Team	
TRAINING REQUIREMENTS Team Members must have current training certification in HAZWOPER in compliance with 29 CFR 1910 and 29 CFR 1926 including specialty training such as Confined Space Entry as appropriate MEDICAL REQUIREMENTS Team Members must be certified as medically fit to work with Hazardous Materials and Hazardous Chemicals and to wear a respirator if appropriate in accordance with 29 CFR 1910 and 29 CFR 1926 FIT TEST REQUIREMENTS Team Members entering any area requiring the use or potential use of any respirator must have had as a minimum a qualitative fit test administered in accordance with OSHA 29 CFR 1910.134 or ANSI within the last 12 months Signatures below indicate that team members have read and agree to follow the provisions of this HASP	
Reviewed by START Site Team Leader <u>Mike Clonts</u> Signature _____ Date <u>8/4/2009</u> <input checked="" type="checkbox"/> Med cal Current <input checked="" type="checkbox"/> Training Current <input checked="" type="checkbox"/> Fit Test Current (Qual) <input type="checkbox"/> Fit Test Current (Quant)	
Site Safety Officer/Site Environmental Compliance Officer <u>Mike Clonts</u> Signature _____ Date <u>8/4/2009</u> <input checked="" type="checkbox"/> Med cal Current <input checked="" type="checkbox"/> Training Current <input checked="" type="checkbox"/> Fit Test Current (Qual) <input type="checkbox"/> Fit Test Current (Quant)	

9490487



Team Member Don Smith

Signature _____ Date _____

☐ Medical Current ☐ Training Current

☐ Fit Test Current (Qual) ☐ Fit Test Current (Qual)

Team Member Tom McKay

Signature _____ Date _____

☐ Medical Current ☐ Training Current

☐ Fit Test Current (Qual) ☐ Fit Test Current (Qual)

SITE SPECIFIC HAZARD EVALUATION

A copy of the Field Operations Manual must be available to all team members See ER vehicle for a copy of the manual

- ☒ BIOLOGICAL HAZARDS ☒ RADIATION HAZARDS
- ☒ CHEMICAL HAZARDS ☒ PHYSICAL HAZARDS

Biological Hazards

- ☒ Animals ☒ Reptiles ☐ Poisonous Plants
- ☒ Snakes ☒ Insects ☐ Raw Sewage
- ☒ BBP ☐ Etiologic Agents

FLD 43 — WESTON Biohazard Field Operating Procedures
 FLD 44 — WESTON BBP Exposure Control Plan First Aid Procedures
 FLD 45 — WESTON BBP Exposure Control Plan — Working with Infectious Waste

Radiation Hazards

- ☒ Ionizing Radiation
- ☐ Non Ionizing Radiation (includes ultraviolet infrared radio frequency microwave and laser)
- ☐ NORM

Chemical Hazards

- ☒ Explosive ☐ Corrosive ☐ Reactive
- ☒ Flammable ☐ Oxidizer ☐ Other ☐ Water Reactive

Special Considerations

Helicopter/Airplane Operations — Pilots must provide safety briefings for all passengers

Carbon Monoxide — Personnel should not linger or work near exhaust pipes from vehicles or equipment

UV light exposure — Personnel should dress so as to cover as much exposed skin as possible use a sunscreen with a protection factor (PF) of 15 or greater and wear tinted safety glasses

Motor Vehicles Drivers shall maintain a safe speed at all times and seat belts must be worn

List of Chemicals and Quantities/Concentrations (attach chemical information or MSDS for contaminant or spilled material in

Appendix A) Note MSDS for materials brought for the response (eg calibration gases rinsing solutions etc) do not have to be attached to the HASP However copies of the MSDS must be available on site at all times

☒ Crude Oil — Major fractions light ends light medium and heavy haphtha kerosene light gas oil May also contain 0 1% Benzene 0 3% Cumene 0 2% Cyclohexane 0 5% Ethylbenzene 0 2% Naphthalene 10 20% Toluene 15 30% Total Xylene(s)

- ☒ Diesel
- ☒ Gasoline
- ☐ Jet fuel
- ☒ Lube oil
- ☒ Motor oil
- ☐ Fuel oil
- ☐ Kerosene
- ☐ Other

Hydrogen Sulfide — is a colorless flammable gas under normal conditions strong odor of rotten eggs and occurs naturally in crude oil and natural gas

NORM — Oil and gas production and processing operations sometimes cause naturally occurring radioactive materials (NORM) to accumulate at elevated concentrations in by product waste streams NORM originating in geological oil and gas formations is usually brought to the surface in produced water As the water approaches the surface temperature changes cause radioactive elements to precipitate such as barium to radium Resulting scales and sludge may collect in water separation systems Radium is usually found in this type of NORM contamination

HEALTH AND SAFETY EVALUATION

1 1 1 Physical Hazards of Concern

Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Loud noise	Hearing loss/disruption of communication	<input type="checkbox"/>	Section 7.0 ECH&S Program Manual Occupational Noise & HC Program
Inclement weather	Rain/humidity/cold/ice/snow/lightning	<input type="checkbox"/>	FLD02 Inclement Weather
Steam heat stress	Burns/displaced oxygen/wet working surfaces	<input type="checkbox"/>	FLD03 Hot Process Steam
Heat stress	Burns/hot surfaces/low pressure steam	<input type="checkbox"/>	FLD04 Hot Process LT3
Ambient heat stress	Hot ash/ramps/exhaustion/heat stroke	<input checked="" type="checkbox"/>	FLD05 Heat Stress Prevention/Monitoring
Cold stress	Hypothermia/frostbite	<input type="checkbox"/>	FLD06 Cold Stress
Cold/wet	Trench/paddy/timmers on foot/edema	<input checked="" type="checkbox"/>	FLD02 Inclement Weather
Confined spaces	Falls/burns/drowning/engulfment/electrocution	<input type="checkbox"/>	FLD08 Confined Space Entry
Industrial Trucks	Fork Lift Truck Safety	<input type="checkbox"/>	FLD09 Powered Industrial Trucks
Improper lifting	Back strain/abdomen/arm/leg muscle/joint injury	<input type="checkbox"/>	FLD10 Manual Lifting/Handling Heavy Objects
Uneven surfaces	Vehicles/drops/trips/falls	<input checked="" type="checkbox"/>	FLD11 Rough Terrain
Poor housekeeping	Slips/trips/falls/punctures/cuts/fires	<input type="checkbox"/>	FLD12 Housekeeping
Structural integrity	Crush/gas/chemical hazards/compressed floors	<input type="checkbox"/>	FLD13 Structural Integrity
Hostile persons	Bodily injury	<input type="checkbox"/>	FLD14 Site Security
Improper cylinder handling	Manual injury/fire/explosion/facets	<input type="checkbox"/>	FLD16 Pressure Systems Compressed Gases
Water hazards	Pools/built-up/tanglement/drowning/cold stress	<input type="checkbox"/>	FLD17 Drowning
Water hazards	Drowning/heat/cold stress/hypothermia/falls	<input type="checkbox"/>	FLD18 Operation and Use of Boats
Water hazards	Drowning/floating/hypothermia/falls/electrocution	<input type="checkbox"/>	FLD19 Working Over Water
Vehicle hazards	Struck by vehicle/collision	<input checked="" type="checkbox"/>	FLD20 Traffic
Explosions	Explosion/fire/thermal burns	<input type="checkbox"/>	FLD21 Explosives
Moving mechanical parts	Crushing/pinch points/overhead hazards/electrocution	<input type="checkbox"/>	FLD22 - Earth Moving Equipment
Moving mechanical parts	Overhead hazards/electrocution	<input type="checkbox"/>	FLD23 - Cranes Rigging, and Slings
Working at elevation	Overhead hazards/falls/electrocution	<input type="checkbox"/>	FLD24 Aerial Lifts/Masts
Working at elevation	Overhead hazards/falls/electrocution	<input type="checkbox"/>	FLD25 Working at Elevation
Working at elevation	Overhead hazards/falls/electrocution/slips	<input type="checkbox"/>	FLD26 Ladders
Working at elevation	Slips/trips/falls/overhead hazards	<input type="checkbox"/>	FLD27 Scaffolding
Trenching	Crushing/falling/overhead hazards/suffocation	<input type="checkbox"/>	FLD28 Excavating/Trenching
Physicochemical	Explosion/fires from oxidizing flame/corrosive material	<input type="checkbox"/>	FLD30 Hazardous Materials Use/Storage
Physicochemical	Fire and explosion	<input type="checkbox"/>	FLD31 Fire Prevention/Response Plan Required
Physicochemical	Fire	<input checked="" type="checkbox"/>	FLD32 Fire Extinguishers Required
Structural integrity	Overhead/electrocution/slips/trips/falls/fire	<input type="checkbox"/>	FLD33 Demolition
Electrical	Electrocution/shock/thermal burns	<input type="checkbox"/>	FLD34 Utilities
Electrical	Electrocution/shock/thermal burns	<input type="checkbox"/>	FLD35 Electrical Safety
Burns/fires	Heat stress/fires/burns	<input type="checkbox"/>	FLD36 Welding/Cutting/Brazing/Radiography
Impact/thermal	Thermal burns/high pressure impact on/heat stress	<input type="checkbox"/>	FLD37 Pressure Washers/Sand Blasting
Impact/electrical	Smashing body parts/punching/cuts/electrocution	<input type="checkbox"/>	FLD38 Hand and Power Tools
Poisonability	Slips/trips/falls	<input type="checkbox"/>	FLD39 Illumination
Fire/explosion	Burns/impact	<input type="checkbox"/>	FLD40 Storage Tank Removal/Decommissioning
Communications	Disruption of communications	<input type="checkbox"/>	FLD41 Standard Hand/Emergency Signals
Energy/release	Unexpected release of energy	<input type="checkbox"/>	FLD42 Lockout/Tag-out
Biological Hazards	Biological Hazards at site	<input checked="" type="checkbox"/>	FLD43 Biological Hazards
Biological Hazards/BBP	Biological Hazards/BBP at site/First Aid Providers	<input checked="" type="checkbox"/>	FLD44 Biological Hazards Bloodborne Pathogens Exposure Control Plan - First Aid Providers
Infectious Waste	Infectious Waste at site/BBP at site/Infectious Waste	<input type="checkbox"/>	FLD45 - Biological Hazards Bloodborne Pathogens Exposure Control Plan - Work With Infectious Waste
Lead Contaminated sites	Lead poisoning	<input type="checkbox"/>	FLD46 Control of Exposure to Lead
Puncture/cuts	Cuts/dismemberment/gouges	<input type="checkbox"/>	FLD47 Clearing, Grubbing and Logging Operations
Not applicable	Not applicable	<input type="checkbox"/>	FLD48 - Federal State Local Regulatory Agency Inspections
Not applicable	Exposure to hazardous materials/waste	<input type="checkbox"/>	FLD49 - Safe Storage of Samples
Cadmium	Exposure Control	<input type="checkbox"/>	FLD50 - Cadmium Exposure Control Plan
Process Safety Procedure	Safety Procedure	<input type="checkbox"/>	FLD51 - Process Safety Procedure

Physical Hazard Condition	Physical Hazard	Attach OP	WESTON OP Titles
Asbestos	Asbestos Exposure	<input type="checkbox"/>	FLD52 – Asbestos Exposure Control Plan
Hexavalent Chromium	Exposure Control Plan	<input type="checkbox"/>	FLD53 – Hexavalent Chromium Exposure Control Plan
Benzene	Exposure Control Plan	<input type="checkbox"/>	FLD54 – <u>Benzene Exposure Control Plan</u>
Hydrofluoric acid	Working with HF	<input type="checkbox"/>	FLD55 – Working with Hydrofluoric Acid
Moving drill rig parts	Crushing/pinch points/overhead hazards/electrocution	<input type="checkbox"/>	FLD56 – Drilling Safety
Vehicles/driving	Accidents/fatigue/cell phone use	<input checked="" type="checkbox"/>	FLD 57 – Motor Vehicle Safety
Improper material handling	Back injury/crushing from load shifts/equipment/tools	<input type="checkbox"/>	FLD 58 – Drum Handling Operations
COC decontamination	COCs/slip trip and falls/waste generation/environmental compliance/PPE	<input type="checkbox"/>	FLD59 – Decontamination
Drilling hazards	Electrocution/overhead hazards/pinch points	<input type="checkbox"/>	Environmental Remediation Drilling Safety Guideline 2005
Fatigue	Long work hours	<input type="checkbox"/>	FLD60 – Employee Duty Schedule
Benzene/Gasoline	Benzene exposure	<input type="checkbox"/>	FLD61 – Gasoline Contaminant Exposure

Some Field Operations have been removed from this list which has been developed for Emergency Response purposes. If these Field Ops apply, refer to the WESTON Safety Officer Field Manual.

PERSONNEL PROTECTIVE EQUIPMENT

Tasks to Be Performed	Anticipated Level of Protection	Type of Chemical Protective Clothing	Inner Glove Outer Glove Boot Cover	Type of Respirator (SCBA or APR with Cartridge)
Perimeter Recon	D	N/A	N/A	N/A
Site Entry	D	N/A	N/A	N/A
Photo Documentation	D	N/A	N/A	N/A
FRP Documentation	D	N/A	N/A	N/A
SPCC Documentation	D	N/A	N/A	N/A
Other				

DECONTAMINATION PROCEDURES

For Site Personnel

- ☒ None Anticipated
☐ Dry Decontamination
☐ Wet Decontamination (procedures as follows)
☐ Wash boots and gloves
☐ Remove outer boots
☐ Remove outer gloves
☐ Remove chemical coverall
☐ Remove respiratory protection
☐ Remove inner gloves

For Equipment

- ☒ None Anticipated
☐ Dry Decontamination
☐ Wet Decontamination (select one or more of the following)
☐ Wash with soap and water
☐ Rinse with distilled water
☐ Rinse with isopropanol
☐ Rinse with methanol
☐ Rinse with hexane
☐ Rinse with nitric Acid

The levels of protection required for personnel assisting with decontamination will be

- ☐ Level A ☐ Level B ☐ Level C ☒ Level D Modified ☐ Level D

Disposal of decontamination wastes and spent PPE (provide a description including storage area hauler and final disposal site if applicable)

COMMUNICATION

- ☒ Buddy System ☐ Radio ☐ Air Horn for emergencies ☐ Pager
☒ Hand Signals ☒ Visual Contact ☐ Car Horn (3 quick blasts for evac) ☒ Cell Phone

General Signals

THUMBS UP – I m OK/I Agree
THUMBS DOWN – I Don t Agree
HANDS ACROSS THROAT – Out of Air/Trouble Breathing

GRAB HAND/ARM – Come with Me
HANDS ON HEAD – I Need Assistance

List site cell phone #

Mike Clonts 972 977 1689

Don Smith 972 814 5625

Tom McKay – 405 550 0330

VEHICLE USE ASSESSMENT AND SELECTION

Driving is one of the most hazardous and frequent activities for Weston employees The most appropriate type vehicle(s) authorized for use on this project is/are

- 1 Rental Car
- 2 _____
- 3 _____
- 4 _____

The following Project Team Member's qualifications and experience in driving these types vehicles was evaluated and found to be acceptable (indicate vehicles types(s) number next to employee name)

- 1 Mike Clonts M Clonts has completed all safe driver commitment campaign elements
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

The project site was evaluated and a **Traffic Control Plan** ☐ is required ☒ is not required

If required the **Traffic Control Plan** can be found in Appendix _____ of this HASP

EMERGENCY CONTACTS

Agency	Contact	Phone Number
Local Medical Emergency Facility (LMF)	St Mary Rogers Memorial Hospital (Rogers) Sparks Regional Medical Center (Ft Smith) Eastern Oklahoma Medical Center (Poteau)	479-636-0200 501-636-0200 479-441-4000 918 647 8161
On Scene Coordinator	Don Smith	972 814 5625
Site Contact (PRP)	Kevin Sears (Transmontaigne) Doug Hammer (Magellan) Bob Powell (KC Southern)	501-631 8098 405-670 2817 918 653 1504
Fire/Police/Ambulance		911
WESTON Medical Emergency Contact	WorkCare Dr Peter Greaney Medical Director After hours contact	8am to 630 pm 800-455 6155 dial 0 or ext 175 Michelle Bui request on call clinician 630pm to 8am 800-455 6155 dial 3
WESTON Health and Safety	Corporate Health and Safety Department	610 701 3065 or 610-701 3000
WESTON Southern Division Health and Safety	Jim Davis	Office - (251) 602 1898 / Cell (334) 319 0380
WESTON Local Health and Safety	Olga Spears (San Antonio) Samuel O Cheek (Dallas) Brian Mason (Austin)	210-308-4342 469 374 7785/972 977 1579 (cell) 512 751 7137/512-466 2163 (cell)
WESTON Equipment and Dangerous Goods Shipping Advisor	Danny Newman	713-796-0040 - whse 713-301 7702 - CELL 888-614-4691 PAGER
WESTON START Program Manager	Robert Beck	704 895 5222
WESTON Readiness Coordinator	David Crow	469 374 7750 (office) 972 978 6802 (cell)
National Response Center		1 800-424 8802
Region 6 EPA Hotline	866 EPA SPILL	1 866 372 7745
OSHA Hotline		1 800 321 6742
Chem Tel		1 800-255-3924
ATSDR		(404) 639 0615
ATF (explosives information)		1 800-800-3855
Chemtrec		1 800-424-9300
START Health and Safety Pager	Paul Callahan	781 958 9297

Local Medical Emergency Facility

Name of Hospital	St Mary Memorial Hospital	501-636-0200
Address	1200 W Walnut St Rogers Arkansas 72756	Phone No 318-798-4300
Name of Hospital	Sparks Regional Medical Center	
Address	1001 Towson Ave Ft. Smith AR 72901	Phone No 479-441-4000
Name of Hospital	Eastern Oklahoma Medical Center	ER - 479-441-5011
Address	105 Wall Street Poteau OK 74953	Phone No 918 647 8161

Note Call to verify hospital s availability and type of ER capabilities

Type of Service <input type="checkbox"/> Physical trauma only <input type="checkbox"/> Chemical exposure only <input checked="" type="checkbox"/> Physical trauma and chemical exposure <input checked="" type="checkbox"/> Available 24 hours	Route to Hospital (written detail) See attached maps with directions See Attachment D for route to hospital	Travel time from site approx _____ minutes Distance to hospital approx _____ miles See attached maps and directions
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REVIEW AND COMMENTS

Final Submission of HASP by <u>Mike Clonts</u>		Date <u>8/4/2009</u>
Review by START Safety Officer <u>Michelle Green</u>		Date <u>8/4/09</u>
Project start date <u>8/24/2009</u>	Plan expiration date <u>9/30/2009</u>	<u>Amendments</u>
End date <u>8/25/2009</u>		

Disclaimer This Health and Safety Plan (HASP) was prepared solely for specific work assigned to WESTON and its subcontractors under the START Regions 6 Contract Use of this HASP by WESTON and its subcontractors is intended to fulfill OSHA requirements as found in 29CFR1910.120 Items not specifically covered within this HASP or its attachments are included by reference to 29CRR1910 and 29CFR1926 To the extent other parties wish to rely on this HASP they should review its contents and satisfy themselves that it meets requirements for their work assignments

ATTACHMENT A
CHEMICAL CONTAMINANTS

(Attach appropriate Material Safety Data Sheet or fill out Chemical Hazards Evaluation Form)

HEALTH AND SAFETY EVALUATION — ☐ CHEMICAL HAZARDS

Hazardous Substance	Physical Properties	Normal Physical State	State At Site/Proj Temp	Characteristics	Exposure Limits	Route(s) of Exposure/ Symptoms	Monitoring Instruments/ Ionization Potential
Name Crude Oil	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Reactive <input type="checkbox"/> Water Reactive <input type="checkbox"/> Oxidizer	<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Color Dark viscous liquid	<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Color Dark viscous liquid	pH FP LEL UEL Auto Ig BP	<input type="checkbox"/> CA <input type="checkbox"/> PEL _____ <input type="checkbox"/> TLV _____ <input type="checkbox"/> IDLH _____ <input type="checkbox"/> Only toxicological data available <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Skin Absorption <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration <input type="checkbox"/> Other	<input type="checkbox"/> PID <input type="checkbox"/> 11.7 eV <input type="checkbox"/> 10.2 eV <input type="checkbox"/> FID <input type="checkbox"/> CGI <input type="checkbox"/> Radiation <input type="checkbox"/> Colorimetric tube Other
CAS No 8002 05 9	<input type="checkbox"/> Radioactive <input checked="" type="checkbox"/> Other aromatic/ sulfide odor contains hundreds of hydrocarbons and other organic and inorganic substances including sulfur nitrogen and oxygen as well as metals such as iron nickel vanadium and chromium causes cancer	Incompatible With oxidizers		MP Sp Gr Vap D Vap P H ₂ O Sol Other		Acute Symptoms weakness headache nausea confusion blurred vision drowsiness dizziness slurred speech flushed face eye irritant skin irritant and unconsciousness First Aid if inhaled remove to fresh air wash skin thoroughly with soap and water immediately flush eyes with plenty of water for 15 minutes	IP % Relative response
Synonyms Sour Crude Sweet Crude Naphtha distillate Petroleum							

HEALTH AND SAFETY EVALUATION — ☐ CHEMICAL HAZARDS

Hazardous Substance	Physical Properties	Normal Physical State	State At Site/Proj Temp	Characteristics	Exposure Limits	Route(s) of Exposure/ Symptoms	Monitoring Instruments/ Ionization Potential
Name Diesel Fuel	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Reactive <input type="checkbox"/> Water Reactive <input type="checkbox"/> Oxidizer	<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Color: clear or straw-colored liquid	<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Color: clear or straw-colored liquid	pH FP LEL UEL Auto Ig BP	<input type="checkbox"/> CA <input type="checkbox"/> PEL _____ <input type="checkbox"/> TLV _____ <input type="checkbox"/> IDLH _____ <input type="checkbox"/> Only toxicological data available <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Skin Absorption <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration <input type="checkbox"/> Other	<input type="checkbox"/> PID <input type="checkbox"/> 11.7 eV <input type="checkbox"/> 10.2 eV <input type="checkbox"/> FID <input type="checkbox"/> CGI <input type="checkbox"/> Radiation <input type="checkbox"/> Colorimetric tube Other
CAS No	<input type="checkbox"/> Radioactive <input checked="" type="checkbox"/> Other	Incompatible With oxidizers		MP		Acute Symptoms weakness headache nausea confusion blurred vision drowsiness dizziness slurred speech flushed face eye irritant skin irritant and unconsciousness First Aid: if inhaled remove to fresh air wash skin thoroughly with soap and water immediately flush eyes with plenty of water for 15 minutes	IP / Relative response
Synonyms #2 Fuel	Combustible low sulfur diesel may be dyed red			Sp Gr			
Oil Low Sulfur				Vap D			
Diesel Premium				Vap P			
Gold Diesel				H ₂ O Sol			
				Other:			

HEALTH AND SAFETY EVALUATION — ☐ CHEMICAL HAZARDS

Hazardous Substance	Physical Properties	Normal Physical State	State At Site/Proj Temp	Characteristics	Exposure Limits	Route(s) of Exposure/Symptoms	Monitoring Instruments/Ionization Potential
Name Lubricating Oil	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Reactive <input type="checkbox"/> Water Reactive <input type="checkbox"/> Oxidizer	<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Color light brown	<input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas Color light brown	pH FP LEL UEL Auto Ig BP >400 C (>750 F)	<input type="checkbox"/> CA <input type="checkbox"/> PEL _____ <input type="checkbox"/> TLV _____ <input type="checkbox"/> IDLH _____ <input type="checkbox"/> Only toxicological data available <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Skin Absorption <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration <input type="checkbox"/> Other	<input type="checkbox"/> PID <input type="checkbox"/> 11.7 eV <input type="checkbox"/> 10.2 eV <input type="checkbox"/> FID <input type="checkbox"/> CGI <input type="checkbox"/> Radiation <input type="checkbox"/> Colorimetric tube Other
CAS No	<input type="checkbox"/> Radioactive <input checked="" type="checkbox"/> Other mild odor medium weight material fairly persistent in environment low volatility and moderate flash point	Incompatible With		MP		Acute Symptoms weakness headache nausea confusion blurred vision drowsiness dizziness slurred speech flushed face eye irritant skin irritant and unconsciousness First Aid if inhaled remove to fresh air wash skin thoroughly with soap and water immediately flush eyes with plenty of water for 15 minutes	IP % Relative response
Synonyms mineral oil				Sp Gr			
				Vap D			
				Vap P			
				H ₂ O Sol			
		Other					

HEALTH AND SAFETY EVALUATION — ☐ CHEMICAL HAZARDS

Hazardous Substance	Physical Properties	Normal Physical State	State At Site/Proj Temp	Characteristics	Exposure Limits	Route(s) of Exposure/ Symptoms	Monitoring Instruments/ Ionization Potential		
Name Gasoline	<input type="checkbox"/> Explosive <input checked="" type="checkbox"/> Flammable <input type="checkbox"/> Corrosive <input type="checkbox"/> Reactive <input type="checkbox"/> Water Reactive <input type="checkbox"/> Oxidizer	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas Color	<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas Color	pH FP LEL UEL Auto Ig BP < 200 C (< 390 F)	<input type="checkbox"/> CA <input type="checkbox"/> PEL _____ <input type="checkbox"/> TLV _____ <input type="checkbox"/> IDLH _____ <input type="checkbox"/> Only toxicological data available <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Skin Absorption <input checked="" type="checkbox"/> Contact <input type="checkbox"/> Direct Penetration <input type="checkbox"/> Other	<input type="checkbox"/> PID <input type="checkbox"/> 11.7 eV <input type="checkbox"/> 10.2 eV <input type="checkbox"/> FID <input type="checkbox"/> CGI <input type="checkbox"/> Radiation <input type="checkbox"/> Colorimetric tube Other		
CAS No 8006-61-9	<input type="checkbox"/> Radioactive <input checked="" type="checkbox"/> Other mixtures of hydrocarbons that contain 4-12 carbon atoms contain high proportions of benzene (causes cancer) and hexane (affects nervous system) lightweight material	Incompatible With halogens strong acids alkalines and oxidizers		MP		Acute Symptoms weakness headache nausea confusion blurred vision drowsiness dizziness slurred speech flushed face eye irritant skin irritant and unconsciousness First Aid if inhaled remove to fresh air wash skin thoroughly with soap and water immediately flush eyes with plenty of water for 15 minutes	IP		
Synonyms additives fuel oil or lubricating oil				Sp Gr					
				Vap D					
				Vap P					
				H ₂ O Sol					
				Other			% Relative response		

ATTACHMENT B

SITE SPECIFIC HAZARD COMMUNICATION PROGRAM

Location Specific Hazard Communications Program/Checklist

In order to ensure an understanding of and compliance with the Hazard Communication Standard this checklist/document in conjunction with the WESTON Written Hazard Communications Program serves as a means of meeting site or location specific requirements While responsibility for activities within this document reference the WESTON Safety Officer it is the responsibility of all personnel to effect compliance

- ✓ Site or other location name/address Mike Clonts
- ✓ Site/Project/Location Manager Mike Clonts
- ✓ Site/Location Safety Officer Mike Clonts
- ✓ List of chemicals complied format HASP ☒ Other FRP/ICP
- ✓ Location of MSDS Files FRP/HASP
- ✓ Training conducted by (name and date) _____
- ✓ Indicate format of training documentation Field Log _____ Other _____
- ✓ Client briefing conducted regarding hazard communication
- ✓ WESTON notified of other employer s or clients hazard communication program as necessary

List of Hazardous Chemicals/ Material Safety Data Sheets (MSDS)

A list of known hazardous chemicals used by WESTON personnel must be prepared and attached to this document or in a centrally identified location with the MSDS The SO or location manager is responsible for ensuring the chemical listing remains up-to date and that when a revised MSDS becomes available the old one is replaced A log for and copies of MSDS for all hazardous chemicals in use will be kept in the MSDS folder at a location known to all site workers and will be readily available to all employees during each work shift

Container Labeling

The WESTON Safety Officer (SO) will verify that all containers received from the chemical manufacturer importer or distributor for use on site will be clearly labeled The SO is responsible for assuring labels are placed where required and for comparing MSDS s and other information with label information to ensure correctness

Employee Training and Information

The SO is responsible for the WESTON site specific personnel training program The SO will ensure that all program elements specified below are supplied to all affected employees At the time of initial assignment for employees to the work site or whenever a new hazard is introduced into the work area employees will attend a health and safety meeting or briefing that includes the information indicated below

- Hazardous chemicals present at the worksite
- Physical and health risks of the hazardous chemicals
- The signs and symptoms of overexposure
- Procedures to follow if employees are overexposed to hazardous chemicals
- Location of the MSDS file and written hazard communication program
- How to determine the presence or release of hazardous chemicals in the employees work area
- How to read labels and review MSDS s to obtain hazard information
- Steps WESTON has taken to reduce or prevent exposure to hazardous chemicals
- How to reduce or prevent exposure to hazardous chemicals through use of controls procedures work practices and personal protective equipment
- Hazardous non routine tasks to be performed (if any)
- Chemicals within unlabeled piping (if any)

Chemicals in Unlabeled Pipes

Work activities may be performed by employees in areas where chemicals are transferred through unlabeled pipes Prior to starting work in these areas the employee shall contact the SO at which time information as to the chemical(s) in the pipes potential hazards of the chemicals or the process involved and safety precautions which should be taken will be determined and presented

Multi Employer Worksites

It is the responsibility of the SO to provide other employers with information about hazardous chemicals imported by WESTON to which their employees may be exposed along with suggested safety precautions It is also the responsibility of SO and the site manager to obtain information about hazardous chemicals used by other employers to which WESTON employees may be exposed WESTON s chemical listing will be made available to other employers as requested MSDS will be available for viewing as necessary

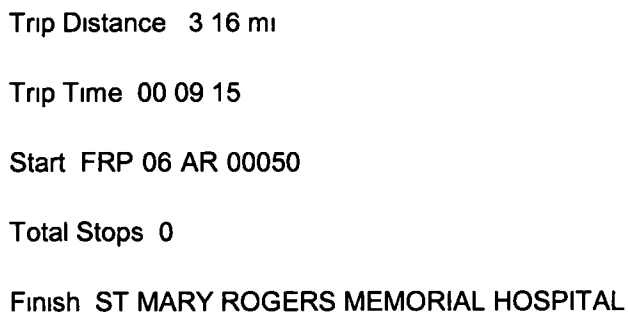
The location format and/or procedures for accessing MSDS information must be relayed to affected employees

ATTACHMENT C
EQUIPMENT CHECKLIST

CHECKLIST

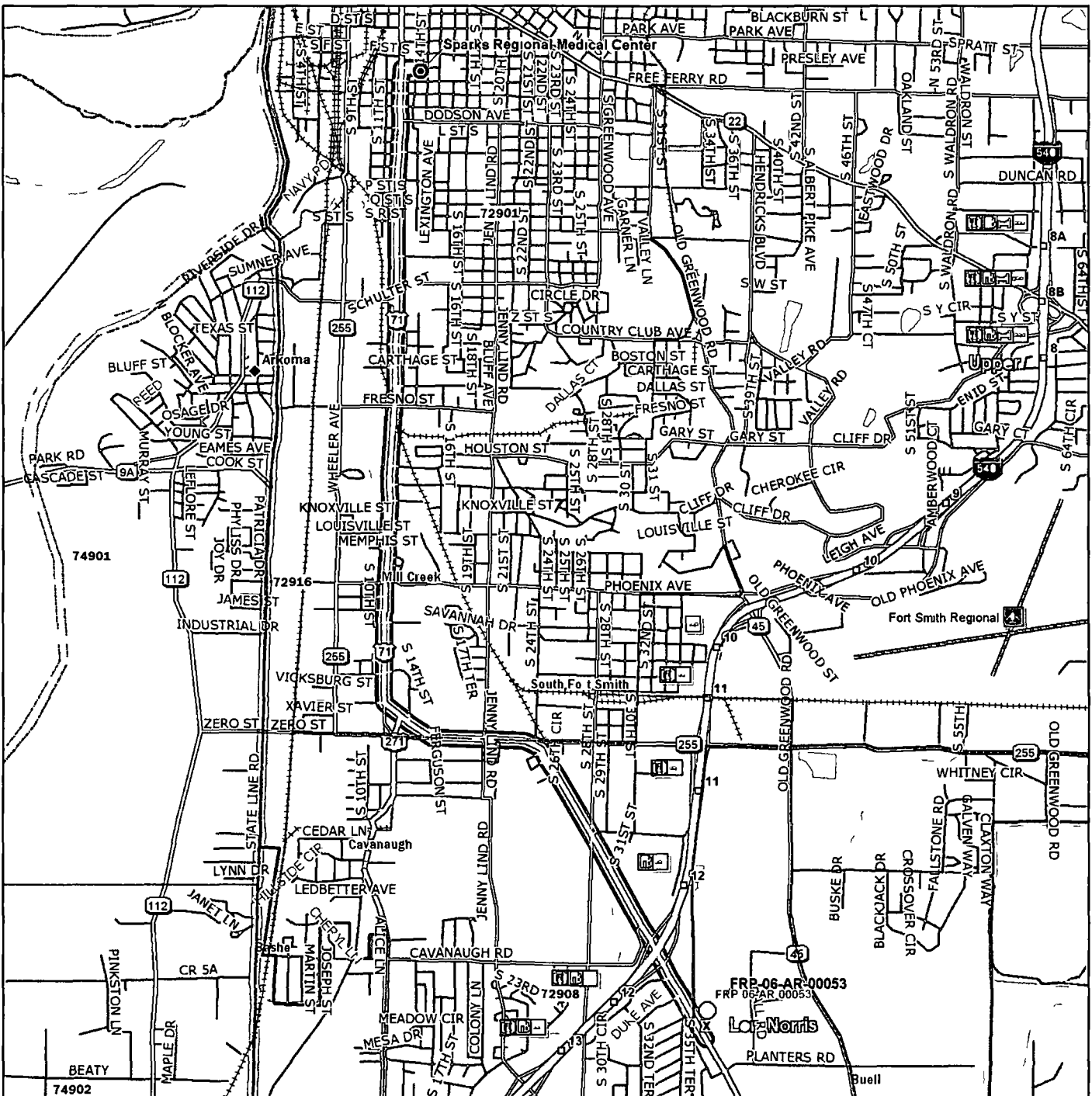
PPE	Instrumentation	Other
<input checked="" type="checkbox"/> Hard Hat	<input type="checkbox"/> Multigas monitor	<input type="checkbox"/> 35mm camera (print) and film
<input checked="" type="checkbox"/> Safety Glasses	<input type="checkbox"/> Toxic gas monitor specify chemical	<input checked="" type="checkbox"/> Digital camera and diskettes or downloading equipment
<input type="checkbox"/> Face Shield	<input type="checkbox"/> FID	<input type="checkbox"/> Intrinsically safe flashlight and batteries
<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> PID	<input checked="" type="checkbox"/> GPS and batteries
<input type="checkbox"/> Coverall (cotton)	<input type="checkbox"/> Radiation meter	<input type="checkbox"/> Computer with cables
<input type="checkbox"/> Coverall (Tyvek)	<input type="checkbox"/> Particulate meter	<input type="checkbox"/> Sampling supplies (S box)
<input type="checkbox"/> Coverall (Saranex)	<input type="checkbox"/> Colorimetric tube	<input checked="" type="checkbox"/> First Aid Kit
<input type="checkbox"/> Rain Suit	<input type="checkbox"/> pH paper	<input checked="" type="checkbox"/> Fire extinguisher
<input type="checkbox"/> Gloves latex	<input type="checkbox"/> SpilFyter strips	<input type="checkbox"/> Duct tape
<input type="checkbox"/> Gloves nitrile (inner)	<input type="checkbox"/> Hazcat kit	<input type="checkbox"/> Garbage bags
<input type="checkbox"/> Gloves nitrile (outer)	<input type="checkbox"/> Hapsite	<input type="checkbox"/> Log Book
<input type="checkbox"/> Gloves butyl rubber	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Radios
<input type="checkbox"/> Gloves Silver Shields(outer)		<input type="checkbox"/> Mobile phone pager
<input checked="" type="checkbox"/> Safety Boots		<input checked="" type="checkbox"/> Site maps
<input type="checkbox"/> Over boots (latex booties)		<input type="checkbox"/> Compass
<input type="checkbox"/> Rubber Boots		<input checked="" type="checkbox"/> Site safety plan
<input type="checkbox"/> Respirator (Full Face APR)		<input checked="" type="checkbox"/> Instructions for motor vehicle incident
<input type="checkbox"/> Cartridge (GMC-P100)		<input type="checkbox"/> MSDS for calibration gases, solutions etc
<input type="checkbox"/> SCBA		<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Level A Suit		
<input type="checkbox"/> Other (specify)		

ATTACHMENT D
HOSPITAL MAP


$$1 = 1\,466.7\text{ ft}$$

		Dist	Turn		Road	Exit	Total Time	Total Dist
Ⓢ			Start	at	FRP 06 AR 00050		00 00 00	0 00 mi
			Go straight (E)	on	US 62 (SR 102 W Hudson Rd)		00 00 00	0 00 mi
	in	1 58 mi	Turn right (S)	on to	N 13th St		00 03 46	1 58 mi
	in	1 48 mi	Turn left (E)	on to	US 71 Bus (W Walnut St)		00 09 03	3 07 mi
	in	0 09 mi	Go straight (E)	on	US 71 Bus (W Walnut St)		00 09 15	3 16 mi
Ⓢ			Finish	at	ST MARY ROGERS MEMORIAL HOSPITAL		00 09 15	3 16 mi

Total Time 00 09 15 Total Distance 3 16 mi



Trip Distance 5 75 mi

Trip Time 00 13 15

Start FRP 06 AR 00053

Total Stops 0

Finish Sparks Regional Medical Center

Data use subject to license

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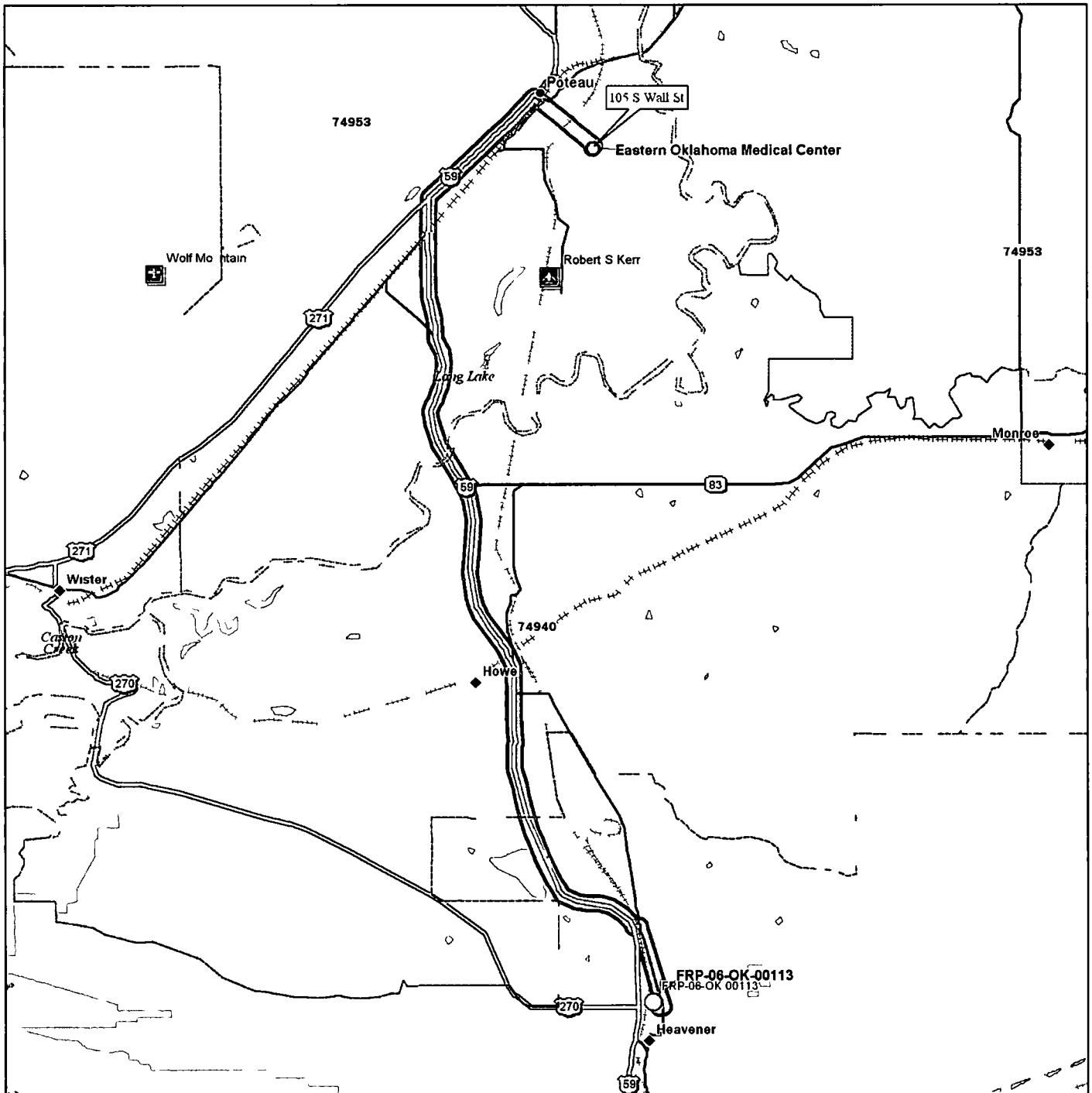
Scale 1 46 875



1 = 3 906 3 ft

		Dist	Turn		Road	Exit	Total Time	Total Dist
⊙			Start	at	FRP 06 AR 00053		00 00 00	0 00 mi
			Go straight (NNW)	on	US 71 (Highway 71 S)		00 00 00	0 00 mi
	in	5 66 mi	Turn right (E)	on to	G St S		00 12 53	5 66 mi
⊙	in	0 09 mi	Finish	at	Sparks Regional Medical Cen		00 13 15	5 75 mi

Total Time 00 13 15 Total Distance 5 75 mi



Trip Distance 13.62 mi

Trip Time 00:23:32

Start FRP 06 OK 00113

Total Stops 0

Finish Eastern Oklahoma Medical Center

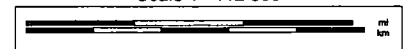
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Scale 1:112,500



1" = 1.78 mi

	Dist	Turn		Road	Exit	Total Time	Total Dist
②		Start	at	FRP 06 OK 00113		00 00 00	0 00 mi
		Go straight (E)	on	<unnamed>		00 00 00	0 00 mi
	in 0 06 mi	Turn left (NNW)	on to	Old Pike Rd		00 00 14	0 06 mi
	in 1 00 mi	Turn left (WSW)	on to	<unnamed>		00 02 46	1 06 mi
	in 0 08 mi	Turn right (N)	on to	US 59		00 02 57	1 15 mi
	in 11 51 mi	Turn right (SE)	on to	Dewey Ave		00 19 52	12 66 mi
	in 0 92 mi	Turn right (SW)	on to	S Wall St		00 23 23	13 58 mi
②	in 0 04 mi	Finish	at	Eastern Oklahoma Medical Center		00 23 32	13 62 mi

Total Time 00 23 32 Total Distance 13 62 mi

ATTACHMENT E

INSTRUCTIONS FOR REPORTING NEAR INCIDENTS AND INCIDENTS

NOTIFICATION OF INCIDENT—INITIAL REPORT

The NOI form should be utilized to report all incidents. Incidents include employee accidents, injuries, auto accidents, property damage/loss, security events, subcontractor injuries/accidents/events, or other liability situations or circumstances that could give rise to a claim. The NOI form is intended to be a preliminary summary (due within 24 hours/one business day) reporting what is immediately known of an event or situation. After a NOI report is released, and the appropriate resources within the organization are notified, an investigation should be initiated.

INCIDENTS are to be reported in writing and sent by email to Susan Hipp-Ludwick and Matt Dillon in the Risk Management Department (RMD) **within 24 hours**.

For **SAFETY-RELATED INCIDENTS** involving an employee(s) or subcontractor, distribution also includes Owen Douglass of Corporate EH&S, the Direct Supervisor of the involved employee(s), the Safety Officer, the Client Service Manager (CSM), and the Division EH&S Manager.

Additionally include in distribution: Pat McCann, President, Alan Solow, COO, Ray Griffin, Senior VP of HR, the appropriate Division Manager(s), and involved employee if such person is not the person completing the NOI. Others may be added to the distribution as designated by a division, business team, profit center, or project management.

For **SECURITY INCIDENTS**, initial distribution limited to **William Irwin, Corporate Security Manager** and **Susan Hipp-Ludwick, Corporate Risk Manager**.

SECTION I INCIDENT SUMMARY

SECURITY INJURY / ILLNESS AUTO SUBCONTRACTOR OTHER
(e.g. Environmental Liability or Property damage)

1 DATE / TIME /LOCATION OF INCIDENT (Project Office or Other location Include WO#)

2 EMPLOYEE(S) / INDIVIDUAL(S) INVOLVED or WITNESS TO INCIDENT / EVENT
JOB TITLE / ROLE DIV / PROFIT CENTER / ORG UNIT

3 DIRECT SUPERVISOR / AND OFFICE MANAGER OR PROJECT MANAGER
(Whoever is Appropriate)

4 DIVISION / LOCAL SAFETY OFFICER

5 DESCRIPTION OF INCIDENT / POTENTIAL LIABILITY EXPOSURE/EVENT AND
RESULTING INJURY / DAMAGES

6 WERE AUTHORITIES CONTACTED (police government)? IF YES IDENTIFY (i.e.
agency name case number etc)

SECTION II INJURY/IES

7 TREATING PHYSICIAN NAME HOSPITAL if Applicable

8 CAN PERSONNEL RETURN TO WORK? RESTRICTIONS IF KNOWN

SECTION III IF VEHICLE OR EQUIPMENT INVOLVED

9 EQUIPMENT / VEHICLE INFORMATION (Year / Make / Model) VIN

OWNED RENTED ALLOWANCE PERSONALLY OWNED VEHICLE

FOR ADDITIONAL INFORMATION CONTACT (Name and Phone Number)

***This is preliminary information, subject to change, and may contain errors. Any
errors in this report will be corrected as follow-up investigation is conducted***

Questions can be directed to Susan Hipp-Ludwick at 610 701 3046

Attachment F

TechLaw START Region 6 Safety Plan Attachment

Prepared by _____ Preparation Date _____

TDD# _____ Date of Field work _____

Type of Field Work (Check appropriate item)

_____ Emergency Response

_____ Site Assessment

_____ OPA SPCC or FRP Inspection

_____ Removal

_____ Other (describe _____)

Site Name _____ City/State _____

Brief Description of Work Tasks

Team Members

Signature

Printed Name

Date

TechLaw TL

TechLaw SSO

Others

—

TechLaw Review/Approval of Safety Plan

Signature

Printed Name

Date

TechLaw Dallas Office Emergency/Injury/Illness Contacts (In this order)

1 Dr Mark Strauss MD (should be
contacted by the attending physician)
Cell 850-393-3613

4 Joe Baer, Regional Manager
Work 770-752-7585
Cell 770-500 6064

2 Art Tippit, Dpty H/S Officer
Cell 770 827-0180

and Dr Phil Williams TechLaw H/S Officer Incident Report must be completed within 24 **Do not provide clinic/hospital with personal insurance cards for work-related injuries**

07/06

* These contacts will notify Human Resources

ATTACHMENT F

AHA CHECKLIST AND ENV COMPLIANCE

Site Name

TDD#

WESTON WO#

Completed By SHSC/EC Officer



No Environmental Compliance Plan is needed for this site/project START-3 is conducting oversight/reconnaissance activities START-3 is not generating any Hazardous Waste, nor are they creating/causing any damage to the environment If conditions/scope of work changes, an EC may need to be developed

HAZARD CHECKLIST Site Manager/EHS Officer Date _____ Location _____ Address _____						Task Team (name or reference via daily sign in sheet) _____									
HAZARDS IDENTIFIED (check those applicable)															
	Chemical		Biological		Physical		Aerial lifts		Remote Areas						
<input type="checkbox"/>	Flammable/combustible	<input type="checkbox"/>	Insects	<input type="checkbox"/>	Noise	<input type="checkbox"/>	Man Material Handling	<input type="checkbox"/>	Materials handling						
<input type="checkbox"/>	Corrosive	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Heat	<input type="checkbox"/>	Demolition	<input type="checkbox"/>	High Pressure Washers						
<input type="checkbox"/>	Oxidizer	<input type="checkbox"/>	Plants	<input type="checkbox"/>	Cold	<input type="checkbox"/>	Excavation	<input type="checkbox"/>	Hand and Power Tools						
<input type="checkbox"/>	Reactive	<input type="checkbox"/>	Mold/Fungus	<input type="checkbox"/>	Inclement Weather	<input type="checkbox"/>	Pile Driving	<input type="checkbox"/>	Low Illumination						
<input type="checkbox"/>	Toxic	<input type="checkbox"/>	Viral/Bacterial	<input type="checkbox"/>	Hot Work	<input type="checkbox"/>	Welding/Cutting/Burn	<input type="checkbox"/>	Drilling & Boring						
<input type="checkbox"/>	Inhalation	<input type="checkbox"/>	Density Gauges	<input type="checkbox"/>	Confined Spaces	<input type="checkbox"/>	Hot Surfaces	<input type="checkbox"/>	Striking against/Struck by						
<input type="checkbox"/>	Eyes/Skin	<input type="checkbox"/>	Radiological	<input type="checkbox"/>	Stored hazardous Energy	<input type="checkbox"/>	Hot Materials	<input type="checkbox"/>	Caught in/Caught between						
<input type="checkbox"/>	Pesticides	<input type="checkbox"/>	Ultra Violet	<input type="checkbox"/>	Elevation	<input type="checkbox"/>	Rough Terrain	<input type="checkbox"/>	Pushing/pulling						
<input type="checkbox"/>	Carcinogen	<input type="checkbox"/>	Sunlight	<input type="checkbox"/>	Utilities	<input type="checkbox"/>	Compressed Gases	<input type="checkbox"/>	Falls at same level						
<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	Infrared	<input type="checkbox"/>	Machinery	<input type="checkbox"/>	Hazardous Mat Storage	<input type="checkbox"/>	Falls from elevation						
<input type="checkbox"/>	Lead	<input type="checkbox"/>	Lasers	<input type="checkbox"/>	Mobile equipment	<input type="checkbox"/>	Diving	<input type="checkbox"/>	Repetitive motion						
<input type="checkbox"/>	UXO/OE/ CWM	<input type="checkbox"/>	XRF	<input type="checkbox"/>	Cranes	<input type="checkbox"/>	Operation of Boats	<input type="checkbox"/>	High (>110v) Electricity						
<input type="checkbox"/>	Process Safety	<input type="checkbox"/>	Isotopes	<input type="checkbox"/>	Manual Material Handling	<input type="checkbox"/>	Working Over Water	<input type="checkbox"/>	Slippery surface Ice/Snow						
<input type="checkbox"/>	Applying Paint/Coatings	<input type="checkbox"/>		<input type="checkbox"/>	Ladders	<input type="checkbox"/>	Traffic	<input type="checkbox"/>							
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>	Site Security	<input type="checkbox"/>							
REQUIRED PROTECTION (check those applicable)															
	Engineering Controls		Administrative Control		PPE			Contingency							
<input type="checkbox"/>	Guard Rails	<input type="checkbox"/>	Qualified for task	<input type="checkbox"/>	<input type="checkbox"/>	Air Supplying Respirator	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Signal Known						
<input type="checkbox"/>	Machine Guards	<input type="checkbox"/>	Trained/Certified	<input type="checkbox"/>	<input type="checkbox"/>	Air Purifying Respirator	<input type="checkbox"/>	<input type="checkbox"/>	Eye wash/shower Location						
<input type="checkbox"/>	Sound Barriers	<input type="checkbox"/>	Hot Work Permit	<input type="checkbox"/>	<input type="checkbox"/>	SCBA	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kit Location						
<input type="checkbox"/>	Enclosure	<input type="checkbox"/>	CSE Permit	<input type="checkbox"/>	<input type="checkbox"/>	Hard Hat	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher Location						
<input type="checkbox"/>	Elevation	<input type="checkbox"/>	Lockout/Tag Out	<input type="checkbox"/>	<input type="checkbox"/>	Ear Plugs	<input type="checkbox"/>	<input type="checkbox"/>	Spill Kit Location						
<input type="checkbox"/>	Isolation	<input type="checkbox"/>	Work Permit	<input type="checkbox"/>	<input type="checkbox"/>	Ear Muffs	<input type="checkbox"/>	<input type="checkbox"/>	Severe weather shelter						
<input type="checkbox"/>	GFCI	<input type="checkbox"/>	Dig Safe Permit	<input type="checkbox"/>	<input type="checkbox"/>	Safety Glasses	<input type="checkbox"/>	<input type="checkbox"/>	Evacuation Routes						
<input type="checkbox"/>	Assured Ground Program	<input type="checkbox"/>	Contingency Plan	<input type="checkbox"/>	<input type="checkbox"/>	Goggles	<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	Apply Anti slip/skid Mat	<input type="checkbox"/>	Critical Lift Plans	<input type="checkbox"/>	<input type="checkbox"/>	Chemical Goggles	<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	Equip Inspection Sheets	<input type="checkbox"/>	<input type="checkbox"/>	Face Shield	<input type="checkbox"/>	<input type="checkbox"/>							
				<input type="checkbox"/>	<input type="checkbox"/>	Thermal Shield	<input type="checkbox"/>	<input type="checkbox"/>							
				<input type="checkbox"/>	<input type="checkbox"/>	Welding Mask	<input type="checkbox"/>	<input type="checkbox"/>							
				<input type="checkbox"/>	<input type="checkbox"/>	Cutting Glasses	<input type="checkbox"/>	<input type="checkbox"/>							
<table style="width:100%; border: none;"> <tr> <td style="width:35%; border: none;">Any Modification to Tasks (list)</td> <td style="width:35%; border: none;">Other tasks or activities that may affect my activity</td> <td style="width:30%; border: none;">Reasons for any changes indicated above</td> </tr> <tr> <td style="border: none; height: 20px;"></td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>										Any Modification to Tasks (list)	Other tasks or activities that may affect my activity	Reasons for any changes indicated above			
Any Modification to Tasks (list)	Other tasks or activities that may affect my activity	Reasons for any changes indicated above													

Environmental Compliance Considerations

<input type="checkbox"/>	Generation of Hazardous Waste*	<input type="checkbox"/>	→Waste Identification & Manifesting - Marking Placarding, Labeling
<input type="checkbox"/>	Generation of Investigation Derived Waste*	<input type="checkbox"/>	→Training & Licensing for Use of Radioactive Materials/Sources
<input type="checkbox"/>	Treatment, Storage or Disposal of Hazardous Waste*	<input type="checkbox"/>	→ Containers dated, labeled closed, full stored less than 90 days
<input type="checkbox"/>	Contingency to prevent or contain hazardous materials or oil spills or discharges to drains body of water soil*	<input type="checkbox"/>	→ Risk of explosion or catastrophic release due to chemical storage or processing involving reactivity flammables solvents or explosives
<input type="checkbox"/>	Disturbing of Asbestos Containing Materials (ACM)*	<input type="checkbox"/>	→Training & Licensing for Asbestos Remediation Activities
<input type="checkbox"/>	Application of Pesticides or Herbicides*	<input type="checkbox"/>	
<input type="checkbox"/>	Work on Above or Under-ground Storage Tanks*	<input type="checkbox"/>	
<input type="checkbox"/>	Transportation Storage or Disposal of Radioactive Material*	<input type="checkbox"/>	
<input type="checkbox"/>	Activities producing or generating Air Emissions (or fugitive "fence-line" emissions) requiring either monitoring and/or permit*	<input type="checkbox"/>	
<input type="checkbox"/>	Excavations Drilling, Probing or other activities that could impact underground utilities pipelines, sewer or treatment systems	<input type="checkbox"/>	
<input type="checkbox"/>	Shipment of Hazardous Waste off site*	<input type="checkbox"/>	
	Shipment of Samples in accordance with DOT/IATA		

* Indicates need for an environmental compliance plan





35 13 34 n, 94 23 38 w FRP-06-AR-00053

Image State of Arkansas

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Imagery Date: Jan. 7, 2006

lat 35.309444° lon -94.393889° elev 476 ft

Eye alt 2297 ft